

		CENTERS LABORATORY		Client Information	
Attending: Silberberg, Charles MD				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Cheaib, Elie			PHYSICIAN NAME: Silberberg, Charles MD		
D.O.B.: 7/18/1950 SEX: Male			UPIN:		
I.D.: 1401 S.S.N: 054-48-5448			NPI: 1265473540		
UNIT: East 6 ROOM/BED: 607/P			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z11.59		
COLLECTION DATE/TIME:			FASTING: Y / N		
Responsible Party			TEST LIST		
NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge ADDRESS: 3400 Cannon Place Bronx, NY 10463			CD4, RNA LEVEL 7/2021 Specify date of service (mm/dd/yy): Indicate if STAT order (YES/NO): ***IF STAT ORDER PLEASE CALL MDL (718)-837-5222		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: RR70947Q					
2nd Billing (INSURANCE)					
INS NAME: Evercare PAYOR CODE: GROUP #: ADDRESS: PO Box 31350 Sal Lake City, UT SUBSCRIBER#: N/A					
		INTERNAL CONTROL			
____ L-Lav ____ Cultrt ____ R-Red ____ S-SST ____ GY-Grey ____ Lt. Blue ____ Black & Yellow Tube ____ G-Green ____ Y-Yellow ____ W-PPT ____ RB-Royal Blue ____ Strl Cup ____ Viral Cul ____ O&P ____ BLD Cul ____ FS-Froz ____ Slide ____ Thinprep Vial ____ Rand Urine Cup ____ 24 hr ____ U-Urn Tube ____ Timed ____ BORICULT					
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